

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000106647

Entity Name: NAGDA MEDICAL, INC.

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

150 SE 17TH ST  
SUITE# 400  
OCALA, FL 34471

## **New Principal Place of Business:**

## **Current Mailing Address:**

150 SE 17TH ST  
SUITE# 400  
OCALA, FL 34471

## **New Mailing Address:**

FEI Number: 20-5382168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

NAGDA, RASIKLAL D  
150 SE 17TH ST  
OCALA, FL 34471 US

## **Name and Address of New Registered Agent:**

NAGDA, RASIKLAL D  
150 SE 17TH ST  
400  
OCALA, FL 34471 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RASIK NAGDA

03/23/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: NAGDA, RASIKLAL D  
Address: 150 SE 17TH ST  
City-St-Zip: Ocala, FL 34471

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RASIK NAGDA

PSTD

03/23/2010

Electronic Signature of Signing Officer or Director

Date